

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.04
Subject	Paramedic Treatment Protocols CARDIAC ARREST – TRAUMA	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

1. Assessment	ABCs, CPR if appropriate – Refer to EMS Policy #550 – Initiation/Termination of CPR in the Trauma Patient
2. Defibrillate	V-fib/V-Tach if present, while continuing management as a trauma patient.
3. BLS Airway	<i>Utilize in-line neck immobilization if suspect C-spine injury.</i> Ventilate with bag-valve 100% oxygen.
4. Direct pressure	To major external bleeding
5. Spinal Immobilization	
6. Bilateral Needle Thoracostomy	Indicated if still pulseless and non-breathing, with possibility of chest injury.
7. Transport	Notify hospital of ETA when unit is enroute.
8. IV/IO Access	LR Y-tubing – Multiple large bore, wide open.
9. Intubation	Consider intubation if unable to maintain a BLS airway.
10. Dysrhythmias	Treat only after all the above has been done, per specific protocol.
11. Contact Hospital	Per EMS Policy #530.02.

SPECIAL CONSIDERATIONS AND PRIORITIES

1. Assessment – airway, breathing, circulation. Assess breath sounds; locate major bleeding. Do not delay for detailed exam.
2. Only the following should precede transport: CPR, stabilizing spine, BLS/advanced airway, direct pressure to major bleeding, bilateral needle thoracostomy, and defibrillation if indicated.

Approved By EMS Division Manager	Signatures on File at EMS Agency	Revision 09/01/2013
EMS Medical Director	Signatures on File at EMS Agency	

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3. Transport lights/siren immediately. All IVs, medications, and call-in should be done enroute.

Cardiac arrest in the setting of trauma is usually due to hypovolemia, tension pneumothorax, pericardial tamponade, airway obstruction or respiratory arrest (secondary to neurological injury), but seldom due to dysrhythmias. Treatment emphasizes rapid transport, airway management and fluid resuscitation instead of field treatment of dysrhythmias.

4. Upper abdominal injuries may result in chest injuries.

5. Secondary survey:

- a. Assess bilateral breath sounds, neck vein distension, tracheal shift, chest trauma, firm/distended abdomen.
- b. Mechanism of injury – Is this a medical rather than traumatic arrest (minimal damage to car, low speed impact, little damage to steering wheel, history of heart problems or overdose, witnesses account of incident)?

6. Resuscitate all cold water victims (water temperature less than 70°F) with less than one hour submersion.

7. Resuscitate all warm water victims (water temperature greater than 70°F) submerged less than 30 minutes.

NOTE: All lakes, canals, ponding basins, and rivers should be considered as cold water.

8. Electrical injuries that result in cardiac arrest should be treated as medical arrests. Electrical injuries that result in cardiac arrest should be treated aggressively with respiratory support, Base contact, and ACLS per protocols.

Alternating current (AC) frequently results in ventricular fibrillation.

Direct current (DC) frequently results in asystole.

Both have a relatively high rate of spontaneous return to sinus rhythm with ventilatory support.